

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 198. }

PHILADELPHIA, AUGUST 4, 1860.

{ NEW SERIES
VOL. IV. NO. 13.

ORIGINAL DEPARTMENT.

Communications.

Thompson's Gingival Margin, a Sign of Pulmonary Tuberculosis, with Cases Illustrating the Same.

By A. P. DUTCHER, M. D.

Of Exon Valley, Lawrence Co., Pennsylvania.

The symptoms and signs of tubercular disease are frequently very obscure, particularly in the first stage. After vomicae have formed, and hectic has supervened, there is no trouble in making out the case. Treatment then can be of little avail. If we desire to be of any use to this class of individuals, we must be able to detect the malady in its incipient stage. Any sign or symptom, therefore, that will reflect the least light upon the subject should be carefully noted, and its teachings faithfully applied.

Of all the signs of incipient tubercular disease, there is not one more valuable than Thompson's Gingival Margin. Although not an infallible mark, yet it is one that can always be relied upon when present. Even in what some writers have called the pre-tubercular stage, it sometimes stands out as a marked sign of that morbid process which has proved so destructive to our race.

And from an extensive acquaintance with medical men, I am satisfied that this sign of phthisis is not sufficiently estimated, and its practical teachings duly regarded. We frequently meet with members of the profession who scarcely know what we mean when we allude to it, although it is ten years since Dr. Thompson described it in the London *Lancet*,

and it has been frequently republished in our American medical journals.

A friend observed to me, the other day, that he had seen a notice of it in some medical journal, but it had escaped his memory, and he did not think it of much value, for he had got along pretty well so far without it. If this article should, therefore, be so fortunate as to fall into the hands of any such inattentive cultivator of medical science, I hope he will retrace his steps, and give the subject a more careful examination.

For the benefit of those who have not Dr. Thompson's Lectures on Consumption, we will here give a brief description of his gingival margin or streak. In most phthisical patients, it will be found at the edge of the gums, where they are reflected around the teeth. This border is usually deeper in color than the adjacent surface, and has a festooned appearance. This line is sometimes a mere streak, and at others a margin of more than two lines in breadth. As the disease progresses and becomes more decided in its character, this margin will exhibit a vermilion tint, inclining to lake. As a general occurrence, it is most distinct around the incisor teeth, but it is frequently apparent also round the molars. In very grave cases, where the margin is strongly defined, it is not uncommon to find hypertrophy of the gums also accompanying it. When this occurs, it renders the diagnosis of the streak more pronounced.

But this sign should not be taken without some caution. Tarter, mercury, and iodine will produce a redness of the gums, which may be taken for it. In these instances the discoloration is more widely diffused; or, if it in any way assumes the appearance of the gingival margin, it does not so naturally merge

in the tint of the adjacent membrane. When the discoloration is occasioned by the accumulation of tarter alone, it may be distinguished from that by the ragged and uneven appearance of the border, and from its continuance on the gums after the tarter has been scaled off. But if we exercise due care, there is not much danger of going astray, for there is no evidence that the gingival margin ever occurs in any other malady; such, at least, is the testimony of Drs. Thompson, Roe, Pierce and Smith, who have had extensive opportunities of observation at the Brompton Hospital for Consumptives, London.

For the last eight years, I have kept a careful record of every case of pulmonary consumption that I have been called to attend. They number 58. Out of this number the margin was present in 48. It was more frequent in the males than the females. It also made its appearance in the young much sooner than the old. It will sometimes anticipate the development of the disease for two or three years; but most commonly the disease succeeds the appearance of the streak in a very short time. In five cases that I have seen, the disease preceded the streak, and was not clearly defined until after it had made considerable progress.

The early appearance of the margin is unquestionably an unfavorable circumstance, and cases of this kind terminate very rapidly; but not always. I am acquainted with a medical man who has had pulmonary tuberculosis for five years, and the margin was one of the earliest signs. During that time he has had nearly every symptom and sign of the disease; but, fortunately for him, the disease has been confined to but one lung, and at the present time there appears to be a good prospect that he will outlive it, and regain his usual health. At some future time I will present a full account of this case, for it is interesting in more particulars than one.

In the incipient or pre-tubercular stage, if the margin disappears under appropriate treatment, which I have frequently seen, it may be regarded as a favorable indication. It is just here that I regard this sign as the most valuable,

in thus pointing out the very commencement of the disease, and giving us warning of the destruction that will ensue, unless measures are faithfully employed to correct the constitutional vice upon which it depends.

Allow me, in this connection, to cite a few cases that will illustrate, to some extent, the character of the gingival margin, as it sometimes presents itself to our view during the progress of phthisis.

Five years since, a young lady came to me for the purpose of having a tooth extracted. On examining her teeth, I found the gingival margin very clearly defined, both on the gums of the upper and lower jaw. It was nearly three lines in breadth, and of a very bright red color. After extracting the tooth, I made some general inquiries in relation to her health, parentage and occupation. She said her health had always been good, that there was no phthisis in her family, and when at home she was usually employed in doing light housework. She was of the nervo-sanguineous temperament, and presented the appearance of an individual in perfect health.

After she left, I observed to a professional friend, who was in the office at the time, that if there was any value to be attached to Thompson's gingival margin as a sign of phthisis, that young lady would some day fall a victim to the disease. This was in the spring of 1855. I saw no more of her until the fall of 1858. She had been gradually declining for six months, was very much emaciated, had confirmed hectic, and all the physical signs of extensive tubercular disease of both lungs. The streak upon the gums was still very marked; but, instead of being brilliantly red, it was now a dark purple, inclining almost to black, a sure index of that state of the vital fluid which cannot sustain the spark of life but a short time. She died four weeks after I saw her. So far as I could learn, the treatment of her case had been empirical.

During the month of September, 1857, I was called to attend a young man, ill with a mild attack of dysentery. During my examination of his case, I discovered that the gingival margin was very distinctly marked.

After his recovery, I informed him that I was fearful he would, at no distant day, have phthisis, and advised a course of treatment. But it was declined—there was no consumption in his family, and he thought my fears were groundless. I saw him frequently during the winter, and he appeared to enjoy good health. About the first of April he took cold, had a bad cough, did not rest well at night, lost his appetite, declined in flesh, and was very weak, but was still able to attend to his business. He remained in this condition until about the first of May, when he became much worse, had to take his bed and send for me.

At my first visit, I found him with a pulse 110 per minute, respiration 30; fever, pain in the head, mouth and throat red, and scattered over with prominent follicles; gingival margin streaking the gums of both upper and lower jaw; bowels costive; urine scanty and high colored; cough dry and suffocating; complains of pain in the left side, and cannot lie upon it. Percussion elicits dulness under the left clavicle. On auscultation, slight crepitation, prolonged expiration, with marked increased vocal resonance, indicating inflammation, and tubercular infiltration of the superior lobe of the left lung.

The treatment for the first few days, consisted chiefly in blistering, antimony, nitre, purgatives, and Dover's powder. After the inflammation was subdued, he was put upon the use of cod liver oil, quinia, iron, brandy, and a generous diet. With this treatment he improved rapidly. The crepitation and dulness soon disappeared. His appetite good, bowels regular, and cough in no way troublesome. The gingival margin had entirely disappeared by the first of August; and on the first of September he appeared to be in the enjoyment of good health, having gained 20 pounds in weight.

From this time until the spring of 1858 he was very well, and he fondly hoped that his cure was perfect, but we were doomed to disappointment. About the middle of April, he walked five miles one evening to a concert, and returned home through a cold, drenching rain, and retired to rest with his wet under

clothes on. The result was a return of his old difficulty. Treatment of no kind was of any use. Hectic soon supervened, and he fell a victim to the disease on the 10th of August. The gingival margin was not so marked in the latter attack as the first; and between the two attacks, there was two years and a half that it was not present, thus proving very conclusively that the tubercular diathesis may be in a great measure overcome, and phthisis prevented, by those remedial agents which have for the last few years become so deservedly popular with the profession.

We will present one case more, and then conclude our remarks, for the present, on this subject. On the third of April, 1854, Mr. R., aged 25, came to my office for advice. He was a book-keeper by profession, and a marked example of the nervo-bilious temperament. He was tall, well formed, and his frame appeared to be close-built and sinewy; his chest was broad and deep; his head large, and his face bold and commanding, and the whole appearance of the man, masculine and staunch. His habits were regular, and temperate; had been married four years; and had a hereditary title to phthisis, his father having died with the disease. He has generally enjoyed good health, until six months since, during which time he has been suffering from a troublesome diarrhoea. At times it is very severe, causing him to arise frequently during the night. Has some fever in the after part of the day. Mouth and tongue red. Gingival margin very marked. Pulse and respiration rapid. Has no cough or pain in the chest. His appetite is good, but digestion is badly performed, the food passing through the alimentary canal but little changed. He says he is quite gloomy and spiritless, and is losing his strength very fast. His physician has been treating him for muco enteritis, but without benefit.

From the very marked appearance of the gingival margin, I was led to an examination of his chest, when the following physical signs presented themselves. On percussion, there was dulness on the right side, beneath the clavicle, accompanied with prolonged expiratory murmur, and bronchophony. On

the left side the inspiratory murmur was harsh, the expiratory prolonged, but little or no increase of vocal resonance could be detected, and no dulness. These signs clearly indicated a considerable amount of tubercular exudation in the apex of the right lung, which was undoubtedly softening, and a much smaller amount in the left lung, which was still crude.

The prognosis was not pleasing to the patient. He sought advice elsewhere. He was assured that there was nothing the matter with his lungs, that his disease was chronic diarrhoea, and that with proper treatment he would soon be well. I saw him occasionally during the summer, but did not examine his case professionally until the middle of September. He had emaciated very much: his bowels were still very troublesome. Cough and expectoration very annoying. Has confirmed hectic. Physical signs show several cavities in both lungs. Gingival margin very purple. From this time he declined rapidly, and died on the 5th of October.

From the remarks that have been made, I think we may safely draw the following conclusions:

1st. Thompson's gingival margin is an unfailing sign of the tubercular diathesis.

2d. That when present, no matter how obscure every other symptom and sign of phthisis is, we may, with certainty prognosticate its development at no distant day.

3d. In managing cases of phthisis, if the margin is present, and disappears, under treatment, it is an evidence of amendment, and should be regarded as a favorable omen.

4th. When the margin at first appears on the incisors, and gradually extends around the molar teeth, when suitable treatment is employed, it may be regarded as an unfavorable indication; and if it changes from the bright vermilion to a dark red or purple, the case will terminate more rapidly.

5th. In cases where the margin is absent, whatever be the general symptoms, we may hope that the constitution is not so greatly injured by the morbid condition of the vital

fluid, that we can restore the individual to comparative health, by the use of suitable remedies, and thus avert or retard the permanent existence of pulmonary tuberculosis.

The present State of Ophthalmoscopy.

By MAX KURCHLER, M. D.

Of Newark, N. J.

No. 1.

The eye may be illuminated, for the purposes of an ophthalmoscopic examination, in two ways. *First*, by means of the simple lens (ordinarily the double convex glass, No. 2)—the so-called *oblique illumination* (*schraege Beleuchtung*); *Secondly*, by the ophthalmoscope, the various kinds of which all resemble each other in one particular, viz: that through a concave mirror the luminous rays of a lamp, placed behind the patient who is to be examined, are thrown into the eye in such a manner that the focus of these reflected rays is thrown upon the parts to be examined.

The examination by the *oblique illumination* cannot be carried further than to the posterior capsule of the lense. The manipulation is an exceedingly easy one. The light is placed at the side of the eye which is to be examined, and the double convex glass, No. 2 so inserted between the eye and light that its focus falls upon the part to be examined. At an examination of the superficial reflecting media, the luminous rays should be made to pass through near the centre of the glass; but the deeper the part to be examined is situated, the nearer to the upper margin of the glass should the rays be refracted, and the illumination of the posterior capsule of the lense can be accomplished by the oblique illumination, only if the luminous rays are thrown obliquely through the extreme margin of the glass through the pupil. With a little practice it is easy, even to the physician not familiar with ophthalmoscopy to detect and to recognize pathological products in the layers of the refracting media, after he has acquainted himself with the morbid changes taking place in these parts, which will be alluded to hereafter.

More difficult, however, is it, and it demands much more practice, to use the ophthal-

ophthalmoscope with success. In this mode of exploration, a light being placed posteriorly and laterally to the head, its rays of light are made to fall upon the concave mirror, whence they are reflected into the eye. By means of a perforation in the centre of the mirror we look into the illuminated eye of the patient to be examined. The artificial dilatation of the pupil by means of *mydriatica* is a "*pons asinorum*," which the physician should be able to dispense with.

If the ophthalmoscope is placed in front of the eye, and its focus properly adjusted, the parts of the eye are seen as they are in reality situated—giving us the so-called upright picture. But if, between the eye and the mirror, which is placed eight to fourteen inches from the eye, a lens is inserted at a distance of one or two inches from the eye which is to be examined, we see, according to well-known physical laws, the "inverted picture," so that what appears to be placed upwards or inwards, is really situated downwards and vice versa. The latter method of using the ophthalmoscope, viz. with a lens, furnishes a larger picture to the observer, and has besides the advantage of removing the patient further from the observer, a circumstance which may be desirable as a matter of delicacy in nervous ladies, while with a dirty negro it is certainly one of cleanliness.

The ophthalmoscopes most in use, are those of Prof. Jaeger of Vienna, and Prof. Desmarres of Paris. Both are metallic mirrors, and differ only in their form. There is also the ophthalmoscope of Prof. Rau of Bern. I use the latter by preference (though I resorted to it later than to the former,) for these reasons: 1. The concave mirror is made of glass, lined with mercury, and has a stronger illuminating power than the rest, and its focus is at fourteen inches, a distance most suitable to a somewhat presbyopic eye. Then we must mention the ophthalmoscope of Dr. Liebreich in Berlin, (described in the *Medical and Surgical Reporter*, vol. iv. p. 323). Its only advantages, as compared with others, is that it enables the teacher of ophthalmoscopic science rapidly to bring before his pupils pathological

illustrations, and the artist to draw them. For this latter purpose Liebreich has especially used it, and collected several volumes of beautifully executed invaluable illustrations of pathologico-ophthalmological conditions. To the practical oculist, however, this ophthalmoscope is of no value.

The use of the ophthalmoscope is best learned by repeated examinations of the eyes of rabbits; first by studying thoroughly the upright, and then the inverted picture. Having thus acquired the facility of recognizing the individual parts of the eye in the rabbit, the student can proceed to the examination and study of the healthy human eye, and only after being thoroughly acquainted with the normal condition of the eye should he proceed to its pathological changes.

With these introductory remarks, we shall attempt to describe the morbid changes of the various structures of the human eye, as seen through the ophthalmoscope.

To be continued.

Unilocular Ovarian Cyst—Injection of Iodine.

By A. N. DOUGHERTY, M. D.,
Of Newark, N. J.

March 6th, 1859, Mrs. K, residing in Quarry street of this city, aged 47 years, mother of a numerous family, having had five or six children, called my attention to a swelling of the abdomen, which had first become perceptible to her over a year before. I found a tumor as big as the uterus at the sixth month of gestation, occupying the abdomen, springing from the right side, originating, according to the history of the case, from the pelvis, and reaching already above the umbilicus. Fluctuation was very obvious in it, both when tried in the usual manner, and also with one finger pressed upon its base in the vagina.

I had no difficulty in diagnosing it as a case of ovarian dropsy, and advised it to be let alone as long as it should be at all endurable.

February 1st of this year, her discomfort having become very great from enormous distension of the abdomen, I yielded to her urgency, and drew off, by tapping in the linea

semi-lunaris three gallons of a brownish liquid, having the consistence of molasses—the patient, during the operation, being in a recumbent posture. No bad symptoms supervened, but the liquid commenced rapidly to reaccumulate, so that, March the 29th, nearly two months later, I was obliged to repeat the operation. But this time, inasmuch as the previous tapping had demonstrated the cyst to be unilocular, I determined to try Boinet's method of iodine injections. Accordingly, after withdrawing with the trocar and canula (inserted, as before, through the linea semi-lunaris of the right side, exactly half way between the umbilicus and the anterior superior spinous process of the ilium) four gallons of an amber-colored fluid of about the same consistence as before, I introduced a flexible catheter through the canula down to the bottom of the sac, and injected six ounces of the tincture of iodine, prepared according to the formula of the U. S. Dispensatory. No pain whatever was experienced. The pulse immediately after was 100; in three hours the same; next morning 112; 31st, 98; April 1st, the same; 2d, 88. Tincture of iodine was detected in the urine next morning after the operation. The taste of the iodine was discovered by the patient within a few hours.

The next tapping, rendered necessary by the reproduction of the disease, was done May 18th, at 12 M. The pulse, just previous to the operation, was 96; the patient had complained much, for the last two or three days, of pain and soreness in the abdomen, which had given me the suspicion that some inflammatory action was taking place in the sac. Thirteen quarts of a thin whey-like fluid were withdrawn—the first that flowed being obviously purulent; and I then injected through a catheter 12 ounces of tincture of iodine. The pulse immediately afterwards was 100. No pain whatever was felt. Eight, P. M., was called in haste to see her, on account of the alarm of the family at her symptoms. Found her with incessant vomiting, which had begun an hour after the injection. Pulse 82; skin cool, dripping with perspiration; disinclination to respond when questioned. To my inquiry, if she was in

pain, she shook her head. When asked to do so, she put out her tongue. Considered the symptoms due to alcoholic poisoning, and accordingly ordered a strong decoction of coffee, soda powders, &c. Also,

R Kreasote

Acid hydrocyan. dil. ʒʒ gttss xx

Syrup. simpl. ʒ as

Aquæ fontan. ʒ ij

A teaspoonful every 2 hours. M.

19th, 10 A. M., pulse 104; skin natural; no pain; does not remember seeing me last night, nor any thing that occurred. First recovered consciousness at 8 o'clock this morning. Her breath is strongly impregnated with alcohol. An hour after the operation, felt a burning sensation in the throat, which she attributed to the iodine, having noticed the same after the other injection; complains now of dryness of the throat and a constant disposition to hawk. At my request, specimens of urine and saliva had been put away for me. The first urine she passed was 3½ hours after tapping, and the quantity was large; two other specimens were handed me, and I found iodine in all, as also in the saliva.

20th, 10 A. M., pulse 120; feverish; some pain in abdomen; had passed water several times, and had three evacuations (the last two liquid) since yesterday, A. M.; tastes iodine strongly; tongue inclined to redness at tip and edges. On succussion, the rattle and swash of fluid and air in the sac are obvious. Ordered a fever mixture.

21st. Pulse 108; skin cool; severe diarrhoea.

Ordered opium.

22d. Pulse 96, better; iodine taste quite gone.

23d. Pulse same.

24th. Pulse 88.

25th. The urine and saliva have been subjected daily to examination, and have continued to exhibit evidences of iodine; but in some of the last specimens the iodine has been wanting. For two days the urine failed to be sent me; and when I at length procured some, the iodine had disappeared. It was present about a week.

The sac began at once to refill, (that process apparently not having been in the least interfered with by the injections,) and finally, on the 13th inst., another tapping was imperatively demanded, and consequently performed. This operation was preceded for several days by marked symptoms of peritonitis, such as constipation, frequency and smallness of pulse, tenderness and tympanitis; and I determined simply to withdraw the liquid, as it was probable the issue would be fatal, and I did not wish to burden Boinet's process with the untoward result. Only about a gallon of liquid flowed, of thin consistence, and accompanied with shreddy, flocculent masses that obstructed the canula. The size of the abdomen was but little diminished, the symptoms of inflammation persisted, and death closed the scene on the morning of the third day. An autopsy was refused.

Remarks: The patient lived less than six months after the first tapping. The interval between the tapplings was about two months. The injections seemed to have no control over the disease. The consistency of the liquid was diminished after the first injection, and remained aqueous to the end. The most marked symptoms accompanying the injections were referable, not to the iodine, of which on the second occasion, the enormous quantity of 360 grains was administered, but to the alcohol which held it in solution.

The test for iodine in the urine was, of course starch, previously boiled, a little nitric acid being added to set the iodine free. The saliva was collected on starched paper, and on being subjected to the action of nitric acid, the characteristic purple color was produced.

Prof. Simpson, of Edinburgh, in a recent article on this subject, advises that the catheter should be filled with the tincture before introducing it into the sac, so as to avoid the injection of air. It will be observed that in my case this precaution was not adopted, and the presence of air was, as remarked above, distinctly ascertained. I am not aware, however, that it hastened the fatal issue.

The mode of tapping chosen, (i. e. through the linea semilunaris, and in the recumbent

posture,) I observe meets with the approbation of Prof. Simpson, and would seem preferable to the ordinary mode through the linea alba and with the patient upright. The evacuation takes place simply by atmospheric pressure, without the necessity of a sheet tightened about the abdomen, and with, of course, less danger of fainting.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Reported by J. Solis Cohen, M. D.

Pyæmia—Death—Autopsy.—Jno. McC., æt. 33, was admitted, June 23d, into the medical ward of the Philadelphia Hospital, with pain and tenderness in the large joints, which were somewhat swollen.

He was treated for rheumatism, with Rochelle salt, \mathfrak{z} ss. and liq. morph. sulph. \mathfrak{f} \mathfrak{z} ss. three times a day, a Dover's powder being given at night. When first seen by Dr. C. C. Lee, resident physician, (to whom we are indebted for extended notes of the case,) on July 2d, 1860, his attention was at once directed towards a movable tumor on the anterior face of the right thigh, and on examining further a like tumor was discovered on the outside of the same thigh lower down, a third tumor over the left deltoid, while there was a fourth on the calf of the left leg. In each of these tumors there was distinct fluctuation, and an exploring needle showed the existence of thin unhealthy pus. At this time the pulse of the patient was weak and rapid, 104 in the minute; respiration easy, 28 in the minute; face somewhat haggard and anxious. Both thighs were closely bandaged until the following day, when the abscess on the outside of the right thigh was opened, giving exit to four or five ounces of thin pus. A warm poultice was immediately applied, and the previous treatment changed. The Rochelle salts was discontinued, and quinine and iron substituted, with beef essence, and milk punch \mathfrak{f} \mathfrak{z} j every two hours. By evening he felt much better, his pulse was reduced to 95, respiration 26, with no increase of heat of skin. The same treatment was continued.

July 4th, 1860.—Still improving in strength and spirits; pulse 98; respiration 24; skin cool, but rather too moist; bowels open; the same treatment continued, adding a bottle of porter daily.

5th.—Passed a good night, and looks well; pulse 110; respiration 28; skin perspiring. The abscess which had been opened having refilled, the opening was dilated with a probe, and \mathfrak{f} \mathfrak{z} ij. more pus expressed, thin and bloody, like the former. The

treatment was continued, and warm poultices renewed to the other tumors on the legs, that on the deltoid being still untouched.

6th, P. M.—Pulse 108, and somewhat bounding; respiration 26, natural and easy; heat of skin somewhat greater than before. Patient says he feels stronger, and decidedly better, but his pulse increases rapidly when he rises.

9th.—On the 9th a swelling gradually appeared at the lower edge of the right scapula, extending down several ribs, forming a distinct local bulging.

To-day there is no very marked dulness over the point of swelling. The skin over it is hot, and a very little discolored; respiration perceptible over it, and slightly roughened; skin yellowish and sallow looking; sclerotic pearly. Another abscess was discovered at the left hip, which, as well as the others, was evacuated, and about a pint of sanious pus was obtained. The urine was alkaline, sp. gr. 1080, and contained phosphatic crystals; same stimulating treatment continued.

10th.—Appears quite easy; abscesses do not refill as before. Some fluctuation remains on the back of the left thigh, extending into the gluteal region. Pulse 120, and regular; respiration 24, and not at all labored; over and below the right scapula, percussion is dull; respiration rough, and slightly wavy, the rest of the chest being normal; the epigastrium is puffy and swollen, and the patient passes a large amount of flatus. The same treatment continued.

11th.—Skin cool and moist, with less perspiration than before; pulse 96; slightly fuller than yesterday, but easy; respiration 24, and easy. Patient had one passage this morning, rather thin and copious, but none during the night. There is some crepitation over the region of the right scapula, but hardly any dulness; below that point percussion is somewhat dull, and respiration nearly absent. Same treatment continued.

12th.—Skin still cool; pulse and breathing unchanged. The patient sleeps well at night, and takes his stimulants regularly. The gluteal abscess was opened, and discharged nearly a pint of sanious pus, similar in character to that previously obtained. No change made in the treatment, except increasing the amount of milk punch to $f\frac{3}{4}$ x. daily.

14th.—Has improved very considerably during the last few days, both in strength and spirits; sleeps and eats well. This morning the gluteal abscess was re-opened on belief that fluctuation could still be felt, but no pus escaped. The wound bled considerably from several minute branches of the gluteal, which were accidentally divided. During this and the following day the patient continued to do well, changing very little in any respect.

16th.—No external redness, and the ribs easily felt through the sub-scapular swelling; dulness below the spot where the ribs are raised, but none over it; no change in respiration, which is still rough; has a trifling cough, but no expectoration. 17th.—A large quantity of puriform matter continues to discharge from the left groin and right thigh; the sub-scapular swelling is unchanged in appearance; pulse 108, and more feeble than usual; respiration 26, and easy.

21st.—The discharge from the gluteal abscess has stopped, but the abscess on the deltoid reappearing, it was again opened near the former puncture, and about four fluid ounces of sanious pus discharged from it. A similar abscess on the left thigh was also opened, but yielded no pus, only a little pure blood. Both abscesses were poulticed.

22d.—This morning his pulse rose to 140, and became very feeble; respiration 34, and easy. Has been delirious for two or three hours this afternoon, muttering and picking at the bed clothes. The gluteal abscess was again opened, and more than two pints of pus escaped from it. The stimulation was increased by brandy $f\frac{3}{4}$ iv. and ammonia carb., after which he passed a good night.

23d.—Better; continues to take the ammonia. The brandy and milk punch were renewed, and the porter discontinued, as it disordered his bowels. He was ordered at once an injection containing 10 grs. tannic acid and forty drops of laudanum, and he was allowed port wine before each meal.

The patient has certainly lost flesh and strength during the past week, in spite of the increased stimulation. The respiration is now wavy behind, and deficient in front; no bubbling or gurgling perceptible; sputa normal.

25th.—Much weaker in the evening than he has been before. Pulse 120, and feeble; respiration very feeble, and hurried.

26th.—The patient died at 5 o'clock on the morning of the 26th.

A post-mortem examination was held on the body of the above patient eleven hours after death. The body was very much emaciated, and on exposing the muscles, they appeared loose and flabby, the cellular tissue being filled with serous exudation.

The Brain was not examined.

Chest.—There was an effusion of four ounces of serum in the pericardium. The heart was quite small and soft, with some fatty degeneration of its ventricular walls, and a considerable fatty deposit throughout its structure. The right auricle contained a black clot. The lungs were very pale; anteriorly they appeared normal. On the posterior aspect of the upper lobe of the right lung was found an old cicatrix. There was some oedema and hypostatic congestion. The liver was fatty, and was a perfect representation of the nutmeg liver.

Both kidneys were small.

The alimentary canal showed no peculiarities or abnormalities.

There was an abscess involving the left hip joint, extending downwards to the external condyle of the femur, involving all the femoral muscles on the external part of the thigh, and passing into the gluteal region. When opened it discharged about 10 fluid ounces of pus.

Remarks.—This man had been in the United States service at Fort Leavenworth for four years, his duties being such as attending to horses, &c., which, with other circumstances, led to the suspicion that the affection might have originated from farcy. There was a disagreeable fetor about the patient, which called for the continued use of antiseptics. The post-mortem examination, however, did not reveal any of those peculiar conditions of the respiratory organs which generally appear in farcy, nor during the time the patient was in the ward of the hospital were there any characteristic discharges from the nose.

For two or three days before dissolution, it was evident that the life of the patient could not be saved, as he continued to sink notwithstanding the stimulation he received.

As there was no abscess discovered in any of the internal organs, as had been anticipated by the attending physicians, the presumption is that the man died from sheer exhaustion and prostration.

The treatment pursued in the above case was purely a supporting one, as is laid down by most writers on pyæmia, and more particularly by the late Dr. Todd, in his admirable lectures on acute diseases, where he also advises the opening of the abscesses, although the practice of many physicians is to the contrary. If the abscesses in these cases are not evacuated, and the pus is allowed to remain, the question arises, what becomes of it? It certainly is retained in the system, and it is by no means clear to the mind of every practitioner that a patient is more likely to recover with his system saturated with pus than when it is discharged by timely incisions.

Service of Dr. Levis.

[Reported by C. C. Sherard, M. D.]

The Actual Caution in Painful Chronic Articular Diseases—Case 1st.—Edward O'Donnell, aged 34, exhibited the general appearance of scrofulous cachexia. When sixteen years old he was injured by a horse falling on him, after which his spine became painful, and a small prominence soon appeared, which has since increased to a great posterior curvature of the middle dorsal vertebrae. There has been lately no increase in the curvature, which has become a permanency, and is not painful.

Two years ago the right knee became swollen and painful, and has since continued so. For the last three months this has increased, so that the knee is now very large, and his sufferings, particularly at night, very great. The synovial lining of the joint is evidently disorganized, and fibrous, if not cartilaginous union of the articular ends of the femur and tibia, has resulted from old plastic deposit. The surrounding bursal sacs are also diseased, which increases the swelling and stiffness of the joint. The joint is therefore ankylosed from intra and extra-articular disease, as is frequently the case in scrofulous affections of joints, and it is permanently bent at a right angle.

The diseased condition is now in a very inactive state, but the patient is anxious for relief of his sufferings, for which a variety of treatment has been unavailing. Dr. Levis proposed the powerful revelent effect of the actual cautery.

After thorough anæsthesia was induced, a cautery iron, having at the end a flat disk about an inch in diameter, was applied about the articulation. Six deep eschars were thus produced. After the patient awoke, one grain of the sulphate of morphia was administered, and fomentations were applied to the joint.

Relief from the usual nocturnal pains was at once obtained, and he now, eleven days after the cauterizing, has been able to sleep at night. At present he suffers none except from the irritation of the burned surfaces.

Case 2d.—Mary McAnally, aged 38, has had an enlarged knee for eighteen years, but the joint has been immovable only for the last two years. Rheumatic arthritis seems to be the original affection. In appearance the joint is not much abnormal, but the pain in it makes her sleepless at night without narcotics, and she is anxious for relief.

While under the influence of ether two eschars were produced by the actual cautery on each side of her knee. Since then, eleven days, she has not suffered her usual pain, and seems free from the consequent nervous irritation.

These cases illustrate the application of a practice which in this hospital has been very efficient in relieving suffering from chronic articular disease. The violent impression at once produced, and the protracted suppuration which follows the application of the actual cautery, accomplish a revulsion which often permanently relieves the sufferer, after all other measures have been exhausted.

The Electro-Magnetic Chromatope of Mr. Knight, of Foster lane, Cheapside, exhibited recently at the Royal Institution, is a modification of Mr. Gorham's color-top, the rotation of the colored discs being maintained by a small electro-magnetic apparatus.

EDITORIAL DEPARTMENT.

Periscope.

Amputation at the Hip-Joint was recently performed on a child aged fifteen months. The left thigh had been crushed by a brewer's dray, and there had been profuse hemorrhage. A ligature was placed, prior to the amputation, on the femoral artery. No reaction took place, and the child died in a few hours. It is believed that this was the youngest subject on which the operation has been performed.

Operation for Strangulated Hernia in an Infant.—Strangulation had continued for two days in an infant ten months old. The hernia was congenital, and the child had worn a truss. Efforts at reduction having failed, Mr. Luke, of the London Hospital cut down on the external abdominal ring and notched it, after which the reduction was easy. The sac was not opened, and very slight dissection was required. Recovery was rapid.

Fermentation of Milk in the Mamme.—At the last meeting of the British Association for the advancement of science, in the section of physiology, Dr. Gibbs, as appears from the proceedings published in the *Lancet*, read a paper on the saccharine fermentation within the female breast, and its influence on the child. He showed that from various causes of a constitutional nature, in which the nervous system played an important part, the saccharine element of the milk underwent fermentation at the moment of its secretion, and gave rise to the generation of two species of animalcules, namely, vibrios and monads. The milk containing these was usually rich in sugar, but, owing to the fact of its having undergone fermentation within the gland itself, its healthy character was destroyed, and it was not therefore capable of assimilation within the stomach of the infant, as evidenced by the most extreme degree of emaciation—in fact, the child was undergoing starvation. The animalcules were developed within the breasts. The author had proved the correctness of his views in a series of experiments and researches into this question since 1854. In the discussion which ensued, much credit was given to the author for his labors in this novel field of inquiry; and numerous questions were put to him in relation to the con-

dition of the blood and other fluids, in such conditions as he had described.

Sun Stroke.—On this subject Dr. L. Ch. Boisliniere, Coroner of St. Louis county, Mo., publishes in the *St. Louis Medical and Surgical Journal*, for July, a report of seventy-two cases observed by him.

The necropsies in these cases revealed the following conditions:

External appearances: marked lividity of the skin; neck and anterior part of chest became soon of a purple or blue color; in a few hours the abdomen was quite tympanitic, an abundant froth came out of the mouth and nostrils, resembling thick lather, mixed sometimes with a little blood. By pressing upon the chest, blood could be made to flow freely from the mouth and nostrils.

The *lungs* and *heart* were in every case seen to be more or less congested; the right side of the heart and the pulmonary artery generally contained black and liquid blood; left side empty; on section, the lungs were found to contain an abundant quantity of frothy mucus, mixed with more or less arterialized blood. By moderate pressure on the chest, as above observed, this bloody froth could be made to run out freely from the mouth and nostrils. So characteristic was this appearance, that from its presence alone many *post mortem* examinations towards the end of the summer were dispensed with, the jury, before the writer, after a short explanation, being able to make a satisfactory verdict of death by sun-stroke.

The *brain* was generally found normal; in a few cases only there was moderate congestion of the superior cerebral veins and of the sinuses. This the author accounts for by the difficulty the blood found in returning from the head to the thoracic organs, already full of venous blood. Occasionally the ventricles of the brain contained a little more serum than usual. This Dr. B. attributes to the obstacle about the heart and lungs, damming up the blood in the veins of the brain and its sinuses, and causing some of the serum to ooze out. This effusion of serum was often quite remarkable on the surface of the brain under the membranes, where it frequently assumed an opalescent appearance.

Liver and *spleen* were, as a rule, enlarged; the spleen particularly softened.

The author remarks that these appearances coincide with what has been observed by se-

ral distinguished writers, among whom Andral, Russell, Gerhard, and Levick.

Cause.—The cause of sun-stroke, according to our author, sustained by the best authorities, without doubt, is a hot and rarified atmosphere—the want of oxygen; for the disease occurs very frequently in houses where, from some cause, the air has become rarified. Several of the deaths reported above by the writer having taken place in low attic rooms, in kitchens or laundries, and in sugar refineries, as observed by Dr. H. H. Swift, (N. Y. Journal of Medicine, vol. xiii, p. 45, 1854.) From these and other observations Dr. B. concludes that rarified, or poorly oxygenated air, is the "*conditio sine qua non*" of sun-stroke.

Fatal Case of Apoplexy in a Young Girl.

—Before the Boston Society for Medical Improvement, as per report of Dr. Minot, in the Boston Medical and Surgical Journal, Dr. Jackson showed specimens obtained from a patient seventeen years of age, who menstruated regularly.

On the first of June, the day on which the flow was expected, she was suddenly seized with apoplectic symptoms, and died in four hours. On post mortem examination a clot of blood, about half an inch in diameter, was found in the back part of the right hemisphere of the brain.

The gross appearance of the decidua was as well marked as it would ever be seen in a case of tubal pregnancy; confined, of course, to the fundus and body of the organ, which last was not otherwise remarkable. In one of the ovaries quite a large corpus luteum was seen; the cavity filled with dark coagulated blood, and the yellowish parietes much stained by the same. The peritoneal surface over this body, and almost to its whole extent, had superficially a red and abraded look, but no appearance of rupture of the surface.

Ophthalmic Medicine.—The following are, so writes a correspondent of the London Lancet, a few of the practical rules laid down by M. Desmarres in his clinical lectures:

1. When you see in an obstinate case of conjunctivitis, an elongated clot or streak of mucus adhering to the surface of the eye or lid, be sure that the irritation is due to one eyelash growing out of its natural direction.

2. In a case of monocular palpebral conjunctivitis, the disturbance of the circulation is very often due to an obstruction of some portion of the lachrymal apparatus. Always

assure yourself in these affections of the permeability of the duct, by means of an injection with Anel's syringe.

3. Never apply nitrate of silver to a recently prolapsed iris; it often causes the most violent inflammation.

4. After applying nitrate of silver to an eye, whether in solid or liquid form, neutralize the excess by means of a solution of common salt, which forms an unsoluble chloride.

5. Never operate for cataract without first seeing if the phosphenes exist, or if there be sugar in the urine. In the first case the operation is useless; in the last, most dangerous, for the corneal flap is nearly sure to slough.

6. If a patient with dim sight complains of an iridescent halo round the candle, you may prognosticate a glaucoma.

Muriate of Ammonia in Nervous Cephalalgia.—Professor Barallier, of Toulon, reports that within the last three years he had administered the substance in 259 cases of nervous cephalalgia, and with success in 202 of these. He gives forty-five grains combined with mint-water and syrup of orange-peel, divided into three doses, to be taken at intervals of half an hour, amendment commencing after the first dose, and the third frequently not requiring to be taken. To prove effectual, however, the remedy should not be given at the very commencement of a paroxysm, but when it has acquired great intensity. This agent not only gives relief to the urgent pain of the paroxysms, but, after having been had recourse to on several occasions, diminishes the number and frequency of these. To be of use, it must not be indiscriminately used for every cephalalgia; and the result of the analysis of M. Barallier's experience leads to the following conclusions: 1. The muriate almost constantly dissipates paroxysms of idiopathic migraine, and of migraine consecutive to too abundant menstruation. 2. It is powerless in the hemicrania which is dependent upon irregularity or suppression of the menses. 3. It is tolerably successful in cranial pains dependent upon disorder of the stomach, and in the accidental cephalalgia frequent in women and feeble persons under the influence of sudden changes of the atmosphere, prolonged intellectual labor, or moral emotion. 4. It operates beneficially in cephalalgias consecutive to repeated paroxysms of intermittent fever; those which are observed during the decline of severe fever, and in the course of the irritative period of typhus.—*Bull. de Thérap and Dublin Med. Press.*

Exophthalmus of Rapid Development, in consequence of Intra-Orbital Abscess with Caries.—The following cases are taken from Graefé's Archiv:—

Case 1. A little girl, four years old, in falling, bruised herself on the corner of a chair, and was brought to me the next day, with ecchymosis of the upper lid, which disappeared in about two weeks, when treatment was suspended. A month after the accident the little patient made her appearance again in my clinique with an erysipelatous swelling of the same lid, which yielded readily to cooling applications. A week later, a similar swelling appeared, together with an abnormal prominence of the eye, which was discovered to be immovable towards the outer canthus. Cooling applications again reduced the swelling of the lid, but the exophthalmus and immovability increased. The appearance of the eyeball was perfectly healthy, and pressure on the circumference of the orbit nowhere caused pain, while, on the contrary, the little patient complained seriously when the socket was examined by pressing between the frontal bone and the globe. As the bulbus was crowded inward and downward, and the circulation began to be greatly increased, I suspected, although there was no fluctuation, that there was an abscess behind the bulbus. This I opened, by passing a small bistoury under the upper and outer edge of the orbit, keeping close to the orbital roof. When the instrument had penetrated about three-quarters of an inch, a quantity of tolerably thin yellow pus escaped from the wound, and the probe gave unmistakable evidence of caries of the orbital roof near the back-ground of the socket, but nowhere could a hiatus, or anything indicating a fracture, be felt. The following day the child was much better; it had no fever, had slept well during the night, the eyeball was much less prominent and was movable towards the outer canthus. Ordinary surgical treatment and the use of cod-liver oil now seemed to have the desired effect; the general health of the patient improved, and at the expiration of four months only slight exophthalmus was perceivable, while the motions of the ball and upper lid were perfectly normal.

Nine months after the child was first brought to me, it had the measles, in consequence of which the upper lid inflamed again, the prominence of the eyeball increased, and the old wound broke out anew, discharging a large quantity of carious pus. Some weeks later, I found, in the wound, a white, peculiarly ce-

herent mass, which, from its appearance, I suspected to be from the interior of the cranium, a fact which the microscope verified. From this time on, more or less of the substance of the brain was found in the wound, and in less than a year from the time I first saw the child it died, after lying for three days in spasms and a soporous state.

In the autopsy I was particularly anxious to ascertain the cause of the continued exophthalmus after the first convalescence, and found in the posterior portion of the socket, a large osteophytic deposit. A considerable part of the orbital roof had disappeared, exposing the anterior lobes of the brain, in which extended suppuration had taken place.

In a diagnostic point of view, this case merits, I think, some attention. The most frequent cause of a sudden prominence of the eyeball, accompanied by immobility in any direction, are intra-orbital abscesses in consequence of periorbitis, which quickly result in caries of the delicate orbital bones; and the surgeon should not, in my opinion, hesitate to act in accordance with the fact, although there may be no outward inflammatory symptoms of suppuration. In such cases I would advise a probatory puncture, in the manner above described. The locality of the abscess may be determined by the position of the eyeball, and by the side in which the immobility exists. It is evident that in cases of this kind, where there is an intra-orbital abscess, it should be opened as soon as possible, while, should the surgeon be mistaken in his diagnosis, a probatory incision would not be attended by any serious disadvantages.

Case II.—A child, five months old, had had for a few days an inflammatory swelling on the left eyeball. I found the bulbus crowded forward about 3", the upper lid was not swollen; there was slight chemosis of the conjunctiva, but no secretion. The motions of the bulbus were normal. Finding antiphlogistics of no avail—that the exophthalmus increased, and that the general health of the little patient grew worse, I felt confident that there was an intra-orbital abscess in consequence of periorbitis, and did not hesitate to make an incision as above described, although there was no perceivable fluctuation. About a teaspoonful of thin pus was discharged from the wound, and the bone presented a rough surface to the probe. I ordered warm fomentations, and kept the wound open. The exophthalmus soon disappeared, and in three weeks the child was well.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 4, 1860.

NON-MILITARY PHYSICAL TRAINING.

A company of well-drilled, well-trained soldiers, hailing from Chicago, have just now half finished their triumphal march through the United States, and thousands of our citizens have admired their marching, counter-marching, loading, firing, defiling, and other military tactics in a small way. One of our medical cotemporaries has even ventured as far as a pun and the "*Zouav-iter in modo, fortiter in re*" is certainly not bad for a first attempt. Everybody is in ecstasies.

There is a lesson attached to all this. Muscular development, bodily exercise, fresh air, with their concomitants, a good appetite, and strength and energy to work, are identical with good health. It is more in their capacity as living examples of hygienic principles and sanitary reform that we refer to the Zouaves to-day, than in their expertness to run a bayonet through an enemy, or fall upon him from behind an ambush; more in regard to the power of withstanding the deleterious influence of fatigue, deprivation, and the bad effects of climate, which good physical training creates, than the astonishing feats of creeping, like a snake, on one's belly and loading and firing at an enemy while lying on the back.

The most ridiculous thing, however, which we have heard in connection with the Zouaves, are the performances which they were induced to give on the stages of the Academies of Music in this city and in New York. Six thousand people allow themselves to be seated for three hours in a crowded theatre, the atmosphere of which is contaminated by the carbonic acid of five hundred gas lights, deprived of oxygen, and each one breathing over and over again his own pulmonary and cutaneous effluvia and those of five thousand, nine hundred and ninety-nine others. And all this to witness how a proper obedience to sanitary, hygienic and dietetic laws contributes to the well-being of man! All walking home dizzy and with a headache, their sleep disturbed by glittering

bayonets and wild huzzahs—what a glorious thing it is to see forty men repel whole armies of imaginary foes, impale them upon their bayonets, single them out in fire by file, and slay them *en masse* in a company's discharge.

It is astonishing how much talking and writing there is on the laws of hygiene and the necessity of physical training, and how little is done practically to remedy the evils under which our people suffer. It is but a few years ago that the Academy of Medicine in New York was assembled in large numbers to listen to the reading of an elaborate paper on a new mode of ventilation, we believe, or a similar subject of domestic hygiene. While the paper was read there was actually not an orifice, except the key-hole, through which the air of a densely packed room could be renewed. The air became so mephitic, that finally some member made an attempt to ventilate by raising a window. Alas! windows in our public buildings are not made to be opened; only at the risk of a *painful* fracture could something like fresh air be obtained. A member accordingly took up the cudgel in favor of fresh air by a violent thrust of his cane at the sash, and made an aperture sufficient to prevent the Academy, in full session assembled, from meeting with the fate of the poor victims of the black hole at Calcutta.

But let us speak seriously. Man was not made to be a Zouave, nor a dragoon. But we were all made to breathe fresh air, and walk on our feet. The Zouave tactics, even including their celebrated *skirmish drill*, will never be so universally adopted as to regenerate the physical condition of our race. It will never come to pass, that every one will be able to dance like Fanny Elsler, run and leap like a Zouave, swim like Lord Byron, or ride like a Cossack. Besides, let it be remembered that virtually one-half of our race are, by their sex, excluded from enjoying these privileges of physical activity. If we wish to put a barrier against the bad tendencies of our present social life, we must begin at the bottom of the evil. The first thing is to teach our people to stay at home, or to take a quiet walk in the open air, instead of crowding by thousands

into miserably ventilated rooms and breathing a foul atmosphere.

Let any one, who is interested in the subject of physical training, and the education of our children, visit the schools of our cities, and he will see there a wide field for improvement. It is there where reform must begin, where physical training must be commenced. Especially is this true of the female schools. Pupils are confined in closely packed, illy-ventilated school rooms, on stools without support to the back, for four and five hours continuously, from seven to eight hours a day. But this is not enough. We lately saw one of the cards of regulations for our public schools, on which was said in substance that parents and guardians are urgently requested to see that the pupil studies at home at least *three* hours a day. Here are ten hours a day,—for children from ten to fifteen years of age,—of hard study, just at the period of life when their muscles and bones expand most, when exercise is most needed, when, if ever, the foundation for a healthy physical development will be laid, or the germ of disease will be sown.

Ask any literary man, accustomed to brain work, how many months he can keep up studying ten hours a day without breaking down, and he will tell you that from five to six hours of hard mental work is as much as the system will bear without reacting injuriously upon the general health. This is in an adult. Yet we burden children with ten to twelve hours of study, giving them no chance whatever of physical training, and then we go and gaze at a company of Zouaves, applaud their maneuvering, and forthwith form Zouave battalions. Meanwhile our school rooms remain as crowded as ever, our children are crippled physically and mentally by a miserable system of educational overdosing. Need we wonder why thin calves, narrow chests, sallow cheeks, a poor appetite and a bad digestion are so common in the youth of our country?

We must begin at the nursery and the school-room. It is there, where the germ of disease, of deformity, of physical decrepitude and mental weakness is laid, which no Zouave-practice is able to remove. It is there where

feeble limbs, crooked backs and crooked minds are reared that lie a dead weight upon the strength of the nation. The strength of a people is not in its militia. It is in the millions of healthy *children* whose education is conducted according to the laws of a sound hygiene. Rome had her legions; and yet she fell when over-wrought luxury, effeminacy and the corruption which always follow inevitably in their wake, had polluted the nation. No Zouaves could have saved her. So was it with Greece.

We say that what is most needed in our nation, to make us a strong and healthy one, both physically and mentally, is reform in our system of education and in our schools. It will be a better protection, than if we build a chain of forts from Maine to Florida; better than if we had an army of a million Zouaves, and a fleet of armed Great Easterns.

"Were half the power that fills the world with
terror,
Were half the wealth bestowed on camps and
courts,
Given to redeem the human mind from error,
There were no need of arsenals nor forts."

"The warrior's name would be a name abhorred!
And every nation, that should lift again
Its hand against its brother, on its forehead
Would wear for evermore the curse of Cain!"

AMERICAN MEDICAL ASSOCIATION.

The New Orleans *Medical News and Hospital Gazette* puts an unfavorable prognosticon to the American Medical Association. Speaking of the fact, that none of the essays handed in at the last meeting was deemed worthy of a prize, it says:

"This is rather a severe commentary. It shows conclusively, to our mind, a want of interest in the Association on the part of some of the best men in the profession."

Not at all. There were over six hundred physicians assembled in New Haven, comprising the best men of the profession, and it was never more apparent that the Association is a complete success, than at this meeting.

The same journal ridicules severely the resolutions passed by the Association in reference to reforms in medical education. Has the *News and Gazette* to suggest anything better?

Correspondence.

New York, July 31st, 1860.

Editors of the Medical and Surgical Reporter :

GENTLEMEN:—Allow me to make a few remarks on the address of Dr. Oliver Wendell Holmes, recently delivered before the Massachusetts State Medical Society.

After having read the address carefully, I think none can help but come to the conclusion that Dr. Holmes has really said a great deal more than he intended to say. The address looks to me as if the metaphors of the poet-physician had run away with him, and he is evidently half conscious of this, if we can judge from the manner in which he compromises his condemnation of medicines by allowing us to retain the most powerful of all.

I wish, however, to call the attention to a few sentences in the address, which are as curious as they are paradoxical. Dr. Holmes says p. 34:

"Many affections which art has to strive against might be easily shown to be *vital to the well being of society*.* Hydrocephalus tabes mesenterica and other similar maladies, are natural agencies, which cut off the children of the races that are sinking below the decent minimum which nature has established as the condition of viability, before they reach the age of reproduction. They are really not so much diseases, as manifestations of congenital incapacity for life; *the race would be ruined if art could ever learn always to preserve the individuals subject to them*. We must do the best we can for them, but we ought also to know what these 'diseases' mean."

Dr. Holmes has evidently been reading Darwin's book, and is deeply imbued with his theory of the "struggle for existence." From Dr. H's interpretation of Darwin, the next logical step is the adoption of Malthus' theory, that was practically carried out by the Spartans, and other ancient nations, of exposing or killing all weak or feeble-born children.

It has been left to Dr. Holmes to teach us that we have contributed to the deterioration of the human race, when we have by proper and timely means of art saved children from dying of tabes mesenterica, and that thereby we have committed a sin against nature.

To show, however, how Dr. Holmes *facts* coincide with this proposition, I will quote the following paragraph which stands immediately before the one quoted :

"Something more than one hundred and thirty years ago, there was graduated at Harvard College a delicate youth, who lived an invalid life and died

* Italks my own.

at the age of about fifty. His two children were both of immoderate, physical power, and one of them diminutive in stature. The next generation rose in physical development, and reached eighty years of age, and more in some members. The fourth generation was of fair average endowment. The fifth generation, great-great-grand-children of the slender invalid, are several of extraordinary bodily and mental power, large in stature, formidable alike with their brains and arms, organized on a more extensive scale than either of their parents."

Now, what does this show? Simply this, that no man can tell whether there is an inherent capacity for life or not, and as a man is presumed to be innocent before he is proven guilty, it is the duty of the physician always to look upon disease, as *disease*, and *never* as "*vital to the well-being of society*." When death steps in it is time enough; he alone is the true and unerring judge, and it would be a fatal mistake to let nature kill, when she herself has given us the means of preserving and prolonging life. In the instance above related, some Dr. Holmes a hundred and thirty years ago would, undoubtedly have pronounced the "delicate invalid youth" as dangerous to the race; nature knew better.

"The race would be ruined if art could ever learn always to preserve the individuals subject to them," says Dr. Holmes. Would it? How does Dr. Holmes know this? Would the race be ruined if every individual were to die a natural death of old age?

I have written these lines during the few leisure moments of professional engagements, which must be the apology for their abruptness.

SENEX.

Firms and Miscellany.

The Berkshire Medical Institution.—We have received the thirty-eighth announcement of this institution, located at Pittsfield, Mass. The course of lectures commenced on Thursday, the 2d instant, and will continue sixteen weeks. The ability of the faculty of this school, and the beauty of its location, combine to render it very popular, as evinced by the large number of students who annually resort thither.

The following gentlemen comprise the Faculty:—

Henry H. Childs, M. D., Emeritus Prof. of Theory and Practice of Medicine, Prof. of Obstetrics and Diseases of Women and Children.

E. K. Sanborn, M. D., Surgery.
 Timothy Childs, M. D., Anatomy.
 Henry M. Seely, M. D., Chemistry and Toxicology.
 R. Cresson Stiles, M. D., Physiology and Pathology.
 William P. Seymour, M. D., Materia Medica.
 W. H. Thayer, M. D., Theory and Practice of Medicine.
 James D. Colt, Esq., Medical Jurisprudence.
 Frank N. H. Young, M. D., Prosecutor of Surgery.
 A. A. C. Williams, Demonstrator of Anatomy.

Appointments at Philadelphia Hospital.—The following appointments were made at the meeting of the Board of Guardians on the 30th instant.

Physicians.—Drs. J. Da Costa, J. L. Ludlow, C. P. Tutt and O. A. Judson.

Surgeons.—Drs. S. D. Gross, D. H. Agnew, R. J. Levis and R. S. Kenderdine.

Accoucheurs.—Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud and George J. Zeigler.

The Education of Idiots.—Dr. Tuke says: "Herr Sægert, of Berlin, is the most sanguine instructor of idiots we have met with; in regard to the recovery of mental power in even the low forms of idiocy. He assured us when we visited his school, that he had had indubitable cases of idiocy, in which the head was small and malformed, yet in which the results of education were so triumphant, that they were ultimately able to mix with the world, without being recognized as idiots. In one instance, a young man underwent confirmation without the priest suspecting that he had been delivered from idiocy. Herr Sægert has representations of the heads of idiots when entering, as well as when leaving his school, and the increase of cerebral development is most striking.

Relics of a Lost People.—Some curious archaeological remains were lately discovered in ancient mounds near Newark, Ohio. Mr. David Wyrick makes the following statement in the *Cincinnati Commercial*, dated July 27th:

"To-day we were examining the contents of a large stone tumulus about eight miles south of Newark. It was built of stone—forty feet

high, on a base of nearly two hundred feet diameter. After the stone had been removed to within six or eight feet of its base, three earthen tumuli were discovered within the perimeter of its base, with every indication of three or more on the opposite side. *There was a well in the centre of the circle, ten feet deep to the water.*

"The first mound was opened, and in it was found enclosed a *rude oak coffin*. It was evidently hewed out of a solid log about eight feet long, with an instrument similar to our old fashioned grubbing hoes, or a carpenter's adze in not very good order. Within it was a human skeleton. *Ten copper rings*, of about three inches diameter, occupied a position as if they had been deposited upon the breast of the corpse, with other articles. It was enveloped in a species of woven fabric, so fragile that when exposed to the atmosphere it crumbled into dust at the touch.

"The coffin had been laid on longitudinal beams of timber, over which were laid cross-ties six or eight inches apart. The whole deposit was then buried with earth six or eight feet deep, and covered with a monster heap of stones. Doubtless the other mounds contain similar treasures.

"Under this heap of stones were likewise found two copper kettles of different capacities—one of about five, the other of ten or twelve gallons. The largest was *filled with flint arrow heads or spears*, (differing from the well known Indian flint arrow heads.)

"Upon finding the coffin, and partially examining its contents, it was left in charge of the owner of the premises, when the discoverer returned to Newark, with four of the copper rings and a fragment of the coffin, with the intention of returning the succeeding day, (yesterday) with a sufficient number of witnesses of character, to remove the relics as perfectly as possible.

"I will not presume to attempt to show the antiquity of these relics. Some may suggest that this skeleton was that of an Indian. The difference in the customs, character, &c., of the Indians and mound builders is apparent to any."

Extreme heat has been experienced in several of our western cities. At St. Louis, Mo., during the week ending July 23d, the thermometer ranged from 100° to 106° in the shade. On Saturday, the 21st, it rose to 107°, about 20 degrees hotter than it was at the same time in this city, where it was quite too hot for comfort.—*Cent'y.*

Army and Navy.—The leave of absence heretofore granted to Assistant Surgeon S. W. Crawford, has been extended until the 30th of September next.

Surgeon R. H. Coolidge has been ordered to repair to Philadelphia, upon business connected with the Medical Department.

Assistant Surgeon C. H. Smith has been detailed to act as Recorder of the Medical Board ordered to assemble at Baltimore on the 20th of September, for the examination of Assistant Surgeons for promotion, and of such candidates for appointment to the Medical Staff of the Army, as may be invited to present themselves to the Board.

Extensive Operation for Cancer.—The entire left side of the face, including the superior and inferior maxillæ, was lately removed by Maisonneuve, at La Pitié Hospital of Paris. The case has since continued in a favorable condition.

Drinking Urine.—Some cases have been recently reported of the popular use of urine internally, as a remedy, with supposed benefit. Two cases of its use in diabetes, with advantage, are recorded. The following communication appears in the *Lancet*:

"I have been attending a man affected with spasmodic stricture of the urethra, and was lately sent for to see him in a hurry, as he was not able to pass his urine. He said, 'I am glad to see you, sir; but I have passed my water, and drank it off.' I confess that I was much surprised, and asked him what he meant. His reply was, 'I often drink it when I am thirsty.' As he had passed urine without my assistance, I left him for about half an hour, and when I returned I was accompanied by a young friend. The man turned to us and said, 'Here's your very good health, gentlemen,' and to our astonishment he drank off about half a pint or more urine, which he said he 'liked much better, when fresh and warm, and could drink quarts of it.' He stated to us, that when a child, his mother was in the habit of giving him the urine which he passed at night to drink in the morning, with sugar added to it, as a remedy for some eruption of the skin."

A Problem in Medicine.—Given the following prescriptions, to determine what was the diagnosis of the physician, and what morbid appearances should have been detected after death.

"Blenheim Street Free Dispensary and Infirmary, 1 Blenheim Street, Oxford Street, Dr. Hastings, Physician.

A. Elphinstone, admitted Oct. 8th, 1842.

* * You are to attend every Tuesday, Thursday and Saturday, at 12 o'clock, and bring a large and small bottle, and a cup or gallipot. Patients are requested to keep this prescription paper clean, and when no longer required, to return it to the dispenser." (A very discreet request.)

"R *Ant. pot. tart.* gr. ij; *aq.* ℥iiss. cap coch. min. j. ter in die, app. emp. califacient ad sterno.

Oct. 11. Rep. gutt. Add *tr. digit* ℥ss.—*R pil. aper.* ij. o. n.

Oct. 15. Rep. gutt. ℥j.

Oct. 18. R *Acid sulph. dilut.* gutt. xx; *infus. gent. comp.* Oss. cap. coch. larg ij. bis terve in die.

Oct. 20. Rep. mistur; rep. pil.

Oct. 25. Cont.

Oct. 27. *Pil. pectoralis*, xii; j! nocte manequ.

Oct. 29. *Pot. iodid.* ℥ss; *aq.* ℥j., cap. coch. min. j. ter in die.

Nov. 8. R *Pot. iodid.* ℥j; *tinct. dig.* ℥j; *aq.* ℥j., capt. coch. min. j, ter in die.—*pulv. cathart.* gr. xv., stat. sd."

* * Post dies septem, fiat solutio.—*London Lancet*, 1842

A Hindu Empiric.—A distinguished clergyman recently related to us the following. Sojourning for a time in an inland town on the Ganges, he observed that a man daily passed his verandah, followed by a number of retainers—a mark of distinction. On inquiry, he learned that he was a doctor. Being himself quite intelligent on medical subjects, our informant had the curiosity to inquire into the medical faith of the Hindu doctor, and soon discovered that he was a man of a good deal of pretension.

"Why," said he, "I am astonished at the ignorance of doctors around me here, who allow their patients to die."

"Do you always cure your patients?"

"Always! I have made diseases and their remedies the study of my life, and I always cure my cases."

"Then you must have systematized the practice of medicine, and your knowledge and experience are worth detailing."

"To be sure. I find that there are just sixty diseases to which mankind is liable, and

as I have discovered a remedy for each disease, I never fail to cure my patients!"

Not long after this conversation, the voices of a large number of wailing women announced the fact that a person of considerable note in the town had died. Our informant, meeting his friend the doctor, remarked to him—

"Judging from the number of mourners, a man of considerable note died last night."

"Yes, he was a prominent man in our town."

"Who was his physician?"

"I was!"

"Why, how is this, I thought you always cured your patients?"

"And so I do, of diseases—but that was not disease, that was death, sir. There is no cure for death!"

A new Method of Dissection.—A great desideratum in anatomy is, to obtain an exact idea of the real position of the internal organs. This, however, is far from being the case in dissections by the common method; since every section made on the body, rendered flabby and unelastic by death, produces a corresponding deformation; the soft parts contract, and nothing but an approximative idea can be formed of the relative position of the exposed parts before the operation. In order to obviate this inconvenience, Dr. Pirogoff, of Russia, has had the ingenious idea of subjecting the body, before dissection, to a cold of eight degrees centigrade (16 Fahr.) for the space of three days. By this means the body acquires a hardness like that of wood, its organs retaining, at the same time, their relative sizes, since the moisture they contain increases by congelation, and thus counteracts the contraction which the solids would otherwise undergo.

The body in this state is subjected to the circular saw, which will cut off slices of the thickness of a one franc piece with the greatest nicety, either longitudinally, transversely, or along the axis of the member. By this means Dr. Pirogoff has been enabled to publish an anatomical atlas of every part of the human body, seen under three different aspects. In order to copy out a section obtained in the manner described, Dr. Pirogoff passes lightly over the frozen slice with a warm sponge; the surface is thus thawed for an instant, but a transparent film of ice is immediately afterwards formed over it. A pane of glass with lines drawn upon it crossing each other at right angles, so as to form so many squares, is then laid on the icy film, and the surface copied out

upon paper also divided into squares like the glass.

By this means the greatest precision is attained. The principle of refrigeration has been carried still further by the ingenious inventor, who by exposing a body to a cold of 18 degrees centigrade (four degrees Fahr.) reduces it to the consistency of stone, and then operates upon it like a sculptor with a chisel and mallet, laying all the viscera open without in the least degree injuring them. It is thus he has been enabled to ascertain that the cavities of the mouth, nose, the tympanum of the ear, and of those of the respiratory organs are the only ones which enclose air, and that everywhere else the surface of all parts of the body adhere immediately to the membranes enveloping the organs they contain; so that however apparently dissimilar their surface of contact may be, there is still no empty space between them.

Medical School Statistics for 1859-'60.—

	Students.	Graduates.
Jefferson Medical College, -	630	170
University of Pennsylvania, -	515	173
University of New York, -	411	188
University of Nashville, -	401	—
University of Louisiana, -	401	113
Medical College of South Carolina, -	248	—
New Orleans School of Medicine, -	216	63
College of Physicians and Surgeons, New York, -	200	55
Massachusetts Medical College, -	196	—
Atlanta Medical College, -	166	50
University of Louisville, -	130	—
Ohio Medical College, -	123	—
New York Medical College, -	75	20
Buffalo Medical College, -	70	—
Oglethorpe Medical College, Savannah, -	60	—
Medical Department of Yale College, -	—	13
Rush Medical College, Chicago, -	100	26
Pennsylvania Medical College, Philadelphia, -	—	87

[New Orleans Med. News and Hot. Gu.]

The unusual Mortality in New Orleans for the week ending the 14th, is ascribed by the daily papers to the intense heat of the weather. There were forty deaths from apoplexy, and forty-two from sun-stroke in the total mortality of 300 deaths. These, with others, were nearly all produced by the effects of the great and prolonged heat. The mortality from fevers is very small, less than is usual at this period of the year. These facts, and the entire absence of yellow fever, would seem to indicate that very warm weather was a protection against yellow fever visitation.

Dipsomania. Dr. Harlow, before the recent meeting of superintendents of hospitals for the insane read an interesting paper on dipsomania or oinomania, which latter term he prefers. We give an abstract of the paper, as published in the American Journal of insanity.

Dipsomania is defined as an irresistible desire to indulge in the use of intoxicating substances. It differs from drunkenness, and should be carefully discriminated. The one is a voluntary act, the other an utter inability to control the thirst for stimulants. It matters little to the oinomaniac as to the kind of liquor he takes, the most loathsome is not unfrequently swallowed. The tendency to this form of disease is hereditary. It is often observed in persons predisposed to other kinds of insanity. This character of the disease is distinctly marked in the greatly increased liability to insanity and idiocy, which exists in children born of inebriate parents. It is recognised as appearing in three different forms; the acute, paroxysmal and the chronic. The first is much more rare than either of the others, and arises from various physical conditions. It yields readily to treatment. The paroxysmal variety appears much more frequently than the acute. It occurs at irregular intervals, and lasts one or two weeks. While suffering from this form of disease, the patient will consume an almost incredible amount of alcoholic liquors. The intervals between the paroxysms may continue weeks, and even months, during which the patient has no desire for stimulants, and even loathes them. Injuries upon the head occasion this form of disease, and it is also produced by an over-worked brain. To the latter may be traced a large proportion of the cases of general paralysis, which are so frequently attributed to intemperance.

The third or chronic variety, is by far the most frequent of them all, and the most intractable, as it regards treatment and cure. The patient, completely overwhelmed with the desire for stimulants, sacrifices everything that makes life attractive, to this irresistible, insane impulse, under which he continually labors. The causes of this are the same as those of the other varieties of the disease, which are very liable to run into the chronic form, if not properly treated.

Owing to the fact that all cases of inebriety, without distinction, have been looked upon as the result of moral obliquity rather than physical weakness, they have been left to take their own course. But the poor, unfortunate inebriate is beginning to receive a more benevo-

lent consideration. The first step in the treatment of inebriety or oinomania is seclusion. Without it the disease cannot be successfully treated. Many laboring under this form of disease are treated in hospitals for the insane, but, in his opinion, they required different arrangements. They should be provided for in an entirely separate and distinct institution, and not be obliged to mingle in the society of patients in an insane asylum, as no benefit arises to either class from the intercourse. This, we are gratified to know, will not long be necessary. An asylum for this needy class is now in process of erection, in the town of Birmingham, N. Y., the first of the kind, on a liberal and scientific basis, in the country, or in the world. He could not refrain from alluding, in this connection, to the energy and indefatigable exertions of Dr. J. Edward Turner, "the first man who proposed, and advocated, and successfully carried into effect the project of an inebriate asylum."

A New Adulteration of Milk.—The *Lancet* says that a London milk dealer has been detected in coloring the milk with yellow ochre. The object is to avoid the blue water appearance produced by the dilution to which it is subjected, and to give a rich creamy appearance.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—Florida, Dr. J. J. Hulce, [with encl.]—Georgia, Dr. Willis, [with encl.] Dr. G. W. Rowell, [with encl.] Dr. W. W. Wall, Dr. O. H. Paull, [with encl.]—Maryland, Dr. L. R. Kirk, [with encl.]—New York, Dr. Ormiston, Mr. W. E. Chapman, Mr. J. Winchester, Dr. A. C. Campbell—New Jersey, Dr. N. A. Dougherty, [with encl.] Dr. P. G. Creveling, [with encl.]—Ohio, Dr. A. J. Hyatt, J. R. Black—Pennsylvania, Dr. R. H. Archer, [with encl.] Dr. J. K. Hartz, Dr. A. P. Dutcher—Tennessee, Dr. J. A. Hudson—Vermont, Dr. S. H. Carrier—Virginia, Dr. A. H. Cawthorne, [with encl.]

Office Payments.—Dr. W. S. Seneeny, Mr. J. M. Milgood, (adv.) Dr. A. B. Jennings, (N. J.)

J. JACOB TEUFEL,
MANUFACTURER OF
SURGICAL AND DENTAL
INSTRUMENTS AND TRUSSES.
103 South Eighth St., 3d door below Chestnut,
PHILADELPHIA.

A large assortment always on hand. 186

ADVERTISEMENTS.

DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Blockley,
and Demonstrator of Anatomy in Philadelphia School of
Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Blockley.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.

On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

ORDER OF EXAMINATION.

Chemistry,	} Dr. RICHARDSON.
Materia Medica,	
Obstetrics,	} Dr. LODGE.
Physiology,	
Practice of Medicine,	

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.

Special attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation and advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

D. D. RICHARDSON, M. D.,

36 North Seventh Street, Philadelphia, Pa.

198—aw

Fee for the whole Course, \$30.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860-61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McRULLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
183 North Eleventh street,
Philadelphia.

197—aw134

A PHYSICIAN of some years experience in practice, (a married man,) wishing to locate in the West, will hear of a favorable point by addressing G. R., Muscatine, Iowa. 189

Anatomical, Pathological, and Microscopical Preparation

ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS, AND CASTS.

THE UNDERSIGNED, WHO HAS BEEN ELEVEN YEARS in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS entrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent as any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted **ORIGINAL DRAWINGS** from any anatomical or pathological specimen will be correctly and promptly made, and engraving of any description or number, from a simple woodcut to the issuing of the most elaborate work in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

MODELS of all kinds will be supplied, either made from imported, and casts of every description taken and painted to represent nature.

He will be happy to supply the **FACULTIES OF MEDICAL COLLEGES** with every description of **PREPARATION OR ILLUSTRATION FOR MEDICAL TEACHING**, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the **SALE OF ANY ORDER** entrusted to him.

All communications and packages by mail, or otherwise, promptly attended to.

HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia

REFERENCES.

JOSEPH PARCOST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.
D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADRIENNE HAWSON, M. D., Surgeon to Wills Hospital.
J. DA COSTA, M. D., Physician to the Episcopal Hospital.
F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.
Also to the editors of this journal.

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE DR. McCLENACHAN,
No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by **MRS. McCLENACHAN.**

Physicians can rely on getting the most approved

RADICAL CURE and other **TRUSSES,**

FEMALE SUPPORTERS,

SHOULDER BRACES,

ELASTIC STOCKINGS,

SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

ARTIFICIAL EYES.

PERSONS wanting **ARTIFICIAL EYES** can have them made to order, and inserted, without pain, by **DR. ORRUM,** No. 1619 Chestnut street, Philadelphia.

MEDICAL SADDLE-BAGS.

NATHAN STARKEY, MANUFACTURER OF MEDICAL Chests, MEDICAL SADDLE-BAGS and Medical Pocket Cases. No. 116 South Eighth street, below Chestnut, Philadelphia. 174